



**MO HealthNet**

## PROVIDER NETWORK ADEQUACY STANDARDS

January 2024

## I. Purpose

The Missouri Department of Social Services, MO HealthNet Division is the state agency designated to ensure managed care organizations (MCOs) create and maintain provider networks with adequate access to care for all covered services, to all managed care participants. MO HealthNet has developed the following set of time and travel distance standards that align managed care network adequacy reviews with federal requirements per 42 CFR §438.68, §438.206, §438.358(b)(1)(iv), §457.1218 and §457.1230. The MO HealthNet managed care contract outlines the process for monitoring provider network adequacy, referencing this document for specific reporting methodology, frequency, and formatting.

MCOs must provide medically necessary services to all members within a timely manner, including those providers not addressed in the Provider Network Adequacy Standards. If a network provider is not available, the health plan must ensure services are covered by an out-of-network provider for as long as the health plan's provider network is unable to provide these services.

Provider network adequacy results will be posted publicly on the MO HealthNet website at <https://dss.mo.gov/mhd/mc/pages/dashboard.htm> and results will be refreshed following each quarterly provider data file submission.

MCOs must submit quarterly provider network files to MO HealthNet using the file formats and submission location specified herein. Accuracy of the data files is the responsibility of the MCO; therefore, provider network files will not be reviewed by MHD staff prior to being transferred to our vendor for analysis, reporting, and public posting. **Blank fields will not be accepted in data files.** Health Plans will have the opportunity to correct data file errors in the next quarterly submission. If data errors prevent the quarterly refresh from being posted, information from the previous quarter will remain on the website until the next quarterly file is submitted.

Provider Network Adequacy results displayed on the website will include the following:

- Provider Network Adequacy Dashboard: Displays side-by-side statewide maps of each MCO network, showing coverage by provider type/specialty after applying network adequacy standards. Color coding will represent standards that are met, unmet, or met via exception. Exception details will be provided in notes where applicable.
- MCO Provider Access and Availability Dashboard: Displays side-by-side statewide maps of each MCO network, by provider type/specialty, showing the average and maximum time/distance to providers by county.

## II. Effective Date

MHD requires quarterly provider data file submissions and will begin monitoring compliance on a quarterly basis effective January, 2024. Report timeframes and due dates are provided below.

- First submission - Provider network data files as of January 1st, due last working day of January.
- Second submission – Provider network data files as of April 1st, due last working day of April.
- Third submission – Provider network data files as of July 1st, due last working day of July.
- Fourth submission – Provider network data files as of October 1st, due last working day of October.

## III. Methodology and Data Sources

Network Adequacy Standards can be developed using a variety of different approaches. Geographically, Missouri is made up of 115 counties, including St. Louis City. Missouri's population is largely rural, with 68% of counties classified as rural or CEAC (counties with extreme access considerations), based on resident location. The following tables show parameters used to determine county class, followed by a breakdown of Missouri counties within each classification. Classifications are based on the entire population of the State of Missouri, not limited to Medicaid or managed care enrollment.

Table 1

County Type Designation	Population	Density
<b>Large Metro</b>	≥ 1,000,000	≥ 1,000/mi <sup>2</sup>
	500,000 – 999,999	≥ 1,500/mi <sup>2</sup>
	Any	≥ 5,000/mi <sup>2</sup>
<b>Metro</b>	≥ 1,000,000	10 – 999.9/mi <sup>2</sup>
	500,000 – 999,999	10 – 1,499.9/mi <sup>2</sup>
	200,000 – 499,999	10 – 4,999.9/mi <sup>2</sup>
	50,000 – 199,999	100 – 4,999.9/mi <sup>2</sup>
	10,000 – 49,999	1,000 – 4,999.9/mi <sup>2</sup>
<b>Micro</b>	50,000 – 199,999	10 – 99.9/mi <sup>2</sup>
	10,000 – 49,999	50 – 999.9/mi <sup>2</sup>
<b>Rural</b>	10,000 – 49,999	10 – 49.9/mi <sup>2</sup>
	< 10,000	10 – 4,999.9/mi <sup>2</sup>
<b>CEAC</b>	Any	<10/mi <sup>2</sup>

Table 2

County Classification	County Name
<b>Large Metro (1)</b>	St. Louis County
<b>Metro (16)</b>	Boone, Buchanan, Cape Girardeau, Cass, Christian, Clay, Cole, Franklin, Greene, Jackson, Jasper, Jefferson, Platte, St. Charles, St. Francois, St. Louis City
<b>Micro (20)</b>	Butler, Callaway, Camden, Dunklin, Johnson, Lafayette, Lawrence, Lincoln, Marion, Newton, Pettis, Phelps, Polk, Pulaski, Randolph, Scott, Stone, Taney, Warren, Webster
<b>Rural (68)</b>	Adair, Andrew, Audrain, Barry, Barton, Bates, Benton, Bollinger, Caldwell, Carroll, Carter, Cedar, Clark, Clinton, Cooper, Crawford, Dade, Dallas, Daviess, DeKalb, Dent, Douglas, Gasconade, Gentry, Grundy, Harrison, Henry, Hickory, Howard, Howell, Iron, Laclede, Lewis, Linn, Livingston, Macon, Madison, Maries, McDonald, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, New Madrid, Nodaway, Oregon, Osage, Ozark, Pemiscot, Perry, Pike, Ralls, Ray, Ripley, Saline, Schuyler, Scotland, Shelby, St. Clair, Ste. Genevieve, Stoddard, Texas, Vernon, Washington, Wayne, Wright
<b>CEAC (10)</b>	Atchison, Chariton, Holt, Knox, Mercer, Putnam, Reynolds, Shannon, Sullivan, Worth

## A. Managed Care Enrollment files

The state will run separate quarterly files for each MCO, containing statewide enrollment by zip code, as of the first day, of the first month, each quarter. Files will be geocoded based on zip code only; addresses will not be included in enrollment files.

Geocoded member files created by MHD for Quest analysis will contain the following fields:

Table 3

Field Name	Description
ROWID	Row number
ZIP	Member zip code from eligibility file
LATITUDE	Quest Assigned Latitude
LONGITUDE	Quest Assigned Longitude
GEOINFO	Quest designation of Lat./Long. Assignment (ex. zip-distributive)
STANDARD CITY	Quest validated City
STANDARD STATE	Quest validated State
STANDARD ZIP	Quest validated zip
COUNTY SSA	Quest assigned county SSA
COUNTY NAME	County where member resides
COUNTY CLASS	Large Metro, Metro, Micro, Rural, CEAC
AGE >21	Y=Yes N=No
GENDER	M=Male, F=Female

## B. Provider Data Files

The state will use provider data files submitted by each MCO, containing their provider network as of the first day, of the first month, each quarter. Specific fields and formatting requirements are provided in the following tables.

Provider Types and SPEC1, SPEC2, SPEC3 codes required in provider File:

Provider Type	Medical Professional Code
1. Primary Care Providers (providers listed in a-h are all considered PCPs)	
a. General Medicine	087
b. Family Medicine	010
c. Internal Medicine	019
d. Pediatrics	038
e. Obstetrics	029
f. Gynecology	015
g. Obstetrics/Gynecology	030
h. Advanced Nurse Practitioners	ANP

The following list includes specialists, subspecialties, behavioral health, and dental providers, which will each be **individually** analyzed per standards in table 7.

<b>Provider Type</b>	<b>Medical Professional Code</b>
2. Obstetrics/Gynecology	030
3. Neurology	024
4. Dermatology	006
5. Physical Medicine/Rehab	042
6. Podiatry	200
7. Vision Care/Primary Eye Care	201 or 032
8. Allergy	002
9. Cardiology	106
10. Endocrinology	009
11. Gastroenterology	011
12. Hematology/Oncology	110
13. Infectious Disease	018
14. Nephrology	023
15. Ophthalmology	032
16. Orthopedics	202
17. Otolaryngology	094
18. Pediatric	038
19. Pulmonary Disease	048
20. Rheumatology	053
21. Urology	125
22. General Surgery	059
23. Chiropractic	CDO
24. General Dentists	GDE
25. Psychiatrist Adult/General	043
26. Psychiatrist Child/Adolescent	044
27. Psychologists/Other Therapies/SUD*	PSY

\*Other therapists include QBHPs (Qualified Behavioral Health Providers), licensed psychiatrists, licensed psychologists, provisional licensed psychologists, licensed advanced practice psychiatric nurse practitioners, licensed psychiatric clinical nurse specialists, licensed professional counselors, provisional licensed professional counselors, licensed clinical social workers, and licensed master social workers.

**PROVIDER FILE – Quarterly submission to the state via State of Missouri, Secure File Transfer Server at <https://moftp.mo.gov/>. Blank fields will not be accepted.**

Table 4

Field Name/Column Heading	Field Description	Field Length	Field Type
ROWID	Row Number	6	Numeric
LICNUM	Medical Professional's Missouri license number	15	Text
NPI	Medical Professional's National Provider Identifier number	10	Text
MOMDCD	Medical Professional's Missouri Medicaid Provider number	10	Text
LASTNAME	Medical Professional's last name	25	Text
FRSTNAME	Medical Professional's first name	18	Text
MIDINIT	Medical Professional's middle initial	1	Text
PROVADD	Medical Professional's <b>practice</b> address ( <b>Not a PO box</b> )	40	Text
PROVCITY	Medical Professional's <b>practice</b> city	20	Text
PROVST	Medical Professional's <b>practice</b> state	2	Text
ZIPCODE	Medical Professional's <b>practice</b> ZIP code	5	Text
PRIMCARE	Is the Medical Professional a Primary Care Physician? 1=yes 0=no	1	Text
SPCILST	Is the Medical Professional a specialist? 1=yes 0=no	1	Text
HMOCOMM	Does the Medical Professional see commercial enrollees? 1=yes 0=no	1	Text
HMOMDCD	Does the Medical Professional see Medicaid enrollees? 1=yes 0=no	1	Text
PRIMEYE	Does Medical Professional's contract include provision of primary medical eye care? 1=yes 0=no	1	Text
SPEC1*	Medical Professional's most frequently practiced specialty (choose from the list on page 6)	3	Text

SPEC2*	Medical Professional's second most frequently practiced specialty (choose from the list on page 6)	3	Text
SPEC3*	Medical Professional's third most frequently practiced specialty (choose from the list on page 6)	3	Text
CLOSPRAC	Is the Medical Professional closed to new patients? 1=yes 0=no	1	Text
PROVNAIC	Reporting HMO's 5 digit NAIC number	5	Text
TELEHEALTH	Does the provider offer Telehealth Services? 0=no, 1=yes, 2=unknown	1	Text
POPULATION SERVED**	Does the provider serve pediatric (age 0-20), adult (age 21+) or both populations? 1=pediatric, 2=adult, 3=both	1	Text
TAXONOMY	Medical Professional's taxonomy code	10	Text

\*Some of the medical professional codes begin with zero. Failure to format SEC1, SPEC2 and SPEC3 fields as text fields will result in the loss of leading zeros; excluding the provider from network analysis. Intact medical professional codes must be submitted for the provider to be included in network.

\*\* Providers submitted on the data file with an indicator of 3=both (adult and child) will be included in both adult and pediatric networks for analysis. If this field is blank the provider will not be included in the network for analysis.

Facility Types and FACTYPE codes required in facility file:

Facility Type	Code
1. Basic Hospital	HBA
2. Ambulatory Mental Health Treatment Providers	AMH
3. Inpatient Mental Health Treatment Providers	IMH

**FACILITY FILE – Quarterly submission to the state via State of Missouri, Secure File Transfer Server at <https://moftp.mo.gov/>. Blank fields will not be accepted.**

Table 5

Field Name/Column Heading	Field Description	Field Length	Field Type
ROWID	Row Number	6	Numeric
NPI	Facility's National Provider Identifier number	10	Text



MOMDCD	Facility's Missouri Medicaid Provider number	10	Text
FACTYPE	Type of facility (see list above)	3	Text
FACNAME	Facility's Name <b>NO Individual Names</b>	100	Text
FACSTRT	Facility's Address <b>Not a PO Box</b>	80	Text
FACCITY	Facility's city	20	Text
FACSTATE	Facility's state	2	Text
ZIPCODE	Facility's ZIP code	5	Text
FACCOMM	Does the facility see commercial enrollees? 1=yes 0=no	1	Text
FACMDCD	Does the facility see Medicaid enrollees? 1=yes 0=no	1	Text
FACNAIC	Reporting HMO's 5-digit NAIC number	5	Text
TELEHEALTH	Does the provider offer Telehealth Services? 0=no, 1=yes, 2=unknown	1	Text
TAXONOMY	Facility's taxonomy code	10	Text

Ancillary Types and ANCTYPE codes required in ancillary file:

Ancillary Provider Type	Code
1. Audiology	ATA
2. Occupational Therapy	OTA
3. Physical Therapy	PTA
4. Speech Therapy	STA

**ANCILLARY FILE – Quarterly submission to the state via State of Missouri, Secure File Transfer Server at <https://moftp.mo.gov/>. Blank fields will not be accepted.**

Table 6

Field Name/Column Heading	Field Description	Field Length	Field Type
ROWID	Row Number	6	Numeric
NPI	Medical Professional's National Provider Identifier number	10	Text
MOMDCD	Medical Professional's Missouri Medicaid Provider number	10	Text
ANCTYPE	Ancillary provider type (see list above)	3	Text

ANCNAME	Ancillary provider's Name, individual or facility	100	Text
ANCSTRT	Ancillary provider's street Address <b>Not a PO Box</b>	80	Text
ANCCITY	Ancillary provider's city	20	Text
ANCSTATE	Ancillary provider's state	2	Text
ZIPCODE	Ancillary provider's ZIP code	5	Text
ANCCOMM	Does the provider see commercial enrollees? 1=yes 0=no	1	Text
ANCMDCD	Does the provider see Medicaid enrollees? 1=yes 0=no	1	Text
ANCHOME	Does the provider offer in-home services to enrollees? 1=yes 0=no	1	Text
ANCFACIL	Does the provider offer facility based services to enrollees? 1=yes 0=no	1	Text
ANCNAIC	Reporting HMO's 5-digit NAIC number	5	Text
TELEHEALTH	Does the provider offer Telehealth Services? 0=no, 1=yes, 2=unknown	1	Text
TAXONOMY	Medical Professional's taxonomy code	10	Text

#### IV. Provider Network Adequacy Standards

The following charts describe network adequacy standards by provider type and specialty for both adult and pediatric services. Pediatric standards apply to members enrolled in managed care ages 0 thru 20 years old.

The standard is for 100% of enrollees to have access to a provider within the applicable travel time or distance in all categories. Any score 99.5 and above will be rounded up to 100%. Percent of access is determined by meeting either time OR distance standards. Results will be displayed statewide by county and provider type, based on populations served (pediatric, adult, gender).

Table 7

<b>Primary Care, adult and pediatric</b> Standard: 100% of health plan enrollees must have access to two providers within specified time or distance standards.			
<b>Provider Type</b>	<b>Included Provider Specialties</b>	<b>Large Metro, Metro, Micro</b>	<b>Rural, CEAC</b>
Adult Primary Care Providers (PCPs)	Any provider who is contracted as a PCP and has one of the following provider types/specialties may be included for combined analysis:  087-General Medicine 010-Family Medicine 019-Internal Medicine 029-Obstetrics, 015-Gynecology 030-OB/GYN ANP-Advanced Nurse Practitioner	15 miles or 20 minutes	30 miles or 45 minutes
Pediatric Primary Care Providers (PCPs)	Any provider who is contracted as a PCP and has one of the following provider types/specialties may be included for combined analysis:  087-General Medicine 010-Family Medicine 019-Internal Medicine 038-Pediatrician 029-Obstetrics, 015-Gynecology 030-OB/GYN ANP-Advanced Nurse Practitioner	15 miles or 20 minutes	30 miles or 45 minutes

<b>Dental, adult and pediatric</b> Standard: 100% of health plan enrollees must have access to one provider within specified time or distance standards.			
Provider Type	Included Provider Specialties	Large Metro, Metro, Micro	Rural, CEAC
Dental	GDE – General Dentists with Adult indicator	25 miles or 40 minutes	40 miles or 55 minutes
Pediatric Dental	GDE – General Dentists with Pediatric indicator	25 miles or 40 minutes	40 miles or 55 minutes

\*Dental providers submitted on the data file with an indicator of 3=both (adult and pediatric) will be included in both adult and pediatric networks for analysis.

<b>Ancillary and Facility Provider Types</b> Standard: 100% of health plan enrollees must have access to one provider within specified time or distance standards.			
Hospital	HBA – Basic Hospital (Acute Care)	30 miles or 45 minutes	40 miles or 55 minutes
Audiology	ATA - Audiology	30 miles or 45 minutes	60 miles or 75 minutes
Occupational Therapy	OTA – Occupational Therapy	30 miles or 45 minutes	60 miles or 75 minutes
Physical Therapy	PTA – Physical Therapy	30 miles or 45 minutes	60 miles or 75 minutes
Speech Therapy	STA – Speech Therapy	30 miles or 45 minutes	60 miles or 75 minutes
Inpatient Mental Health	IMH - Inpatient Mental Health	40 miles or 55 minutes	75 miles or 90 minutes
Ambulatory Mental Health	AMH - Ambulatory Mental Health	30 miles or 45 minutes	60 miles or 75 minutes

**OB/GYN**

Standard: 100% of health plan enrollees must have access to two providers within specified time or distance standards.

Provider Type	Included Provider Specialties	Large Metro, Metro	Micro	Rural, CEAC
OB/GYN	Any provider who is contracted as one of the following provider types/specialties may be included for combined analysis:  030 – Obstetrician/Gynecologist 029 – Obstetrics 015 - Gynecology	20 miles or 30 minutes	40 miles or 55 minutes	60 miles or 75 minutes

**Behavioral Health, adult and pediatric**

Standard: 100% of health plan enrollees must have access to one provider within specified time or distance standards.

Provider Type	Included Provider Specialties	Large Metro	Metro	Micro	Rural	CEAC
Adult Mental Health and SUD	PSY - Psychology; other therapists* and SUD	10 miles or 15 minutes	20 miles or 30 minutes	30 miles or 45 minutes	40 miles or 55 minutes	50 miles or 65 minutes
Pediatric Mental Health and SUD	PSY - Psychology; other therapists* and SUD	10 miles or 15 minutes	20 miles or 30 minutes	30 miles or 45 minutes	40 miles or 55 minutes	50 miles or 65 minutes
Psychiatrist - Adult	043-Psychiatrists	20 miles or 30 minutes	40 miles or 55 minutes	60 miles or 75 minutes	80 miles or 100 minutes	90 miles or 120 minutes
Psychiatrist – Child/Adolescent	044-Psychiatrists	20 miles or 30 minutes	40 miles or 55 minutes	60 miles or 75 minutes	80 miles or 100 minutes	90 miles or 120 minutes

\*Other therapists include QBHPs, licensed psychiatrists, licensed psychologists, provisional licensed psychologists, licensed advanced practice psychiatric nurse practitioners, licensed psychiatric clinical nurse specialists, licensed professional counselors, provisional licensed professional counselors, licensed clinical social workers, and licensed master social workers.

**Specialists, adult and pediatric**

Standard: 100% of health plan enrollees must have access to one provider within specified time or distance standards. Specialties in this table will be analyzed individually by medical professional code and separated by adult and pediatric populations.

<b>Provider Type</b>	<b>Included Provider Specialties</b>	<b>Large Metro</b>	<b>Metro</b>	<b>Micro</b>	<b>Rural</b>	<b>CEAC</b>
Adult and Pediatric Specialists	002-Allergy 106- Cardiology 024-Neurology 006-Dermatology 042-Physical Medicine/Rehab 200-Podiatry 009-Endocrinology 011-Gastroenerology 110-Hematology/Oncology 018-Infectious Disease 023-Nephrology 202-Orthopedics 094-Otolaryngology 048-Pulmonary Disease 053-Rheumatology 125 – Urology 038 - Pediatric	25 miles or 40 minutes	50 miles or 65 minutes	75 miles or 90 minutes	90 miles or 120 minutes	110 miles or 145 minutes
Adult and Pediatric Specialists	201-Vision 032-Primary Eye Care/Ophthalmology 059- General Surgery CDO – Chiropractic	15 miles or 20 minutes	35 miles or 50 minutes	45 miles or 60 minutes	60 miles or 75 minutes	80 miles or 100 minutes

## Exception Criteria:

An exception will automatically be made for a county/provider type combination when **all** of the following conditions are true:

1. There are one or fewer (two or fewer for PCP and OBGYN) “market providers” practicing in the county (i.e., the county contains insufficient providers of that type, regardless of their status as enrolled Medicaid providers)
2. No health plan scores 100%
3. The health plan has the highest score among its competitors, or is within five percentage points of the highest score attained by any health plan.

Market providers include all available providers based on taxonomy code.

Manual exceptions will only be considered in rare cases and will require written documentation of provider unwillingness to contract with the plan, or demonstration that the database of market providers is not accurate.

In either case, the Network Adequacy Dashboard will indicate “Met via Exception” for this county/provider type combination for this health plan.

The following table includes 4 examples of exception results, applying the criteria listed above.

	MCO	Provider Type	County Class	County Name	Time or Distance Standard	Market Providers	% with Access	Access Met	Exception Approved
Example 1	MCO1	IMH	Micro	Pulaski	1 in 40 miles or 55 minutes	1	23.7	N	N
	MCO2	IMH	Micro	Pulaski	1 in 40 miles or 55 minutes	1	99	N	N
	MCO3	IMH	Micro	Pulaski	1 in 40 miles or 55 minutes	1	100	Y	NA
Example 2	MCO1	IMH	CEAC	Putnam	1 in 75 miles or 90 minutes	0	36.1	N	N
	MCO2	IMH	CEAC	Putnam	1 in 75 miles or 90 minutes	0	81	N	Y
	MCO3	IMH	CEAC	Putnam	1 in 75 miles or 90 minutes	0	85.2	N	Y
Example 3	MCO1	OBGYN	Metro	Cass	2 in 20 miles or 30 minutes	2	99.3	N	Y
	MCO2	OBGYN	Metro	Cass	2 in 20 miles or 30 minutes	2	95	N	Y
	MCO3	OBGYN	Metro	Cass	2 in 20 miles or 30 minutes	2	92.0	N	N

Example 4	MCO1	OBGYN	Metro	Cass	2 in 20 miles or 30 minutes	50	99.3	N	N
	MCO2	OBGYN	Metro	Cass	2 in 20 miles or 30 minutes	50	95	N	N
	MCO3	OBGYN	Metro	Cass	2 in 20 miles or 30 minutes	50	96	N	N